## Form BD

OMB APPROVAL
OMB Number: 3235-0012
Expires: TBD
Estimated average burden hours per:
Response 2.75
Amendment 0.33

# Uniform Application for Broker-Dealer Registration

#### **FORM BD INSTRUCTIONS**

#### A. GENERAL INSTRUCTIONS

- Form BD is the Uniform Application for Broker-Dealer Registration. Broker-Dealers must file this form to register with the Securities and Exchange Commission, the self-regulatory organizations, and jurisdictions through the Central Registration Depository ("CRD") system, operated by the NASD.
- 2. **UPDATING** By law, the *applicant* must promptly update Form BD information by submitting amendments whenever the information on file becomes inaccurate or incomplete for any reason.
- 3. **CONTACT EMPLOYEE** The individual listed as the contact employee must be authorized to receive all compliance information, communications, and mailings, and be responsible for disseminating it within the *applicant's* organization.

#### 4. GOVERNMENT SECURITIES ACTIVITIES

- A. Broker-dealers registered or *applicants* applying for registration under Section 15(b) of the Exchange Act that conduct (or intend to conduct) a government securities business in addition to other broker-dealer activities (if any) must file a notice on Form BD by answering "yes" to Item 2B.
- B. Section 15C of the Securities Exchange Act of 1934 requires sole government securities broker-dealers to register with the SEC. To do so, answer "yes" to Item 2C if conducting only a government securities business.
- C. Broker-dealers registered under Section 15(b) of the Exchange Act that cease to conduct a government securities business must file notice when ceasing their activities in government securities. To do so, file an amendment to Form BD and answer "yes" to Item 2D.

NOTE: Broker-dealers registered under Section 15C may register under Section 15(b) by filing an amendment to Form BD and answering "yes" to Items 2A and 2D. By doing so, broker-dealer expressly consents to withdrawal of broker-dealer's registration under 15C of the Exchange Act.

5. **FEDERAL INFORMATION LAW AND REQUIREMENTS** – An agency may not conduct or sponsor, and a *person* is not required to respond to, a collection of information unless it displays a currently valid control number. Section 15, 15c, 17(a) and 23(a) of the Exchange Act authorize the Commission to collect the information on this Form from registrants. <u>See</u> 15 U.S.C. §§78o, 78o-5, 78-q and 78w. Filing of this Form is mandatory; however the social security number information, which aids in identifying the *applicant*, is voluntary. The principal purpose of this Form is to permit the Commission to determine whether the *applicant* meets the statutory requirement to engage in the securities business. The Form also is used by *applicants* to register as broker-dealers with certain *self-regulatory organizations* and all of the states. The Commission and the National Association of Securities Dealers, Inc. maintain the files of the information on this Form and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on application facing page of this Form, and any suggestions for reducing this burden. This collection of information has been reviewed by the Office of Management and Budget in accordance with the clearance requirements of 44 U.S.C. §3507. This information contained in this form is part of a system of records subject to the Privacy Act of 1974, as amended. The Securities and Exchange Commission has published in the Federal Register the Privacy Act Systems of Records Notice for these records.

#### B. PAPER FILING INSTRUCTIONS (FIRST TIME APPLICANTS FILING WITH CRD AND WITH SOME JURISDICTIONS)

#### 1. FORMAT

- A. A full paper Form BD is required when the *applicant* is filing with the CRD for the first time. In addition, some *jurisdictions* may require a separate paper filing of Form BD. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements.
- B. Attach an Execution Page (Page 1) with original manual signatures to the initial Form BD filling
- C. Type all information.
- D. Give the name of the broker-dealer and date on each page.
- E. Use only the current version of Form BD and its Schedules or a reproduction of them.
- 2. **DISCLOSURE REPORTING PAGE (DRP)** Information concerning the *applicant* or *control affiliate* that relates to the occurrence of an event reportable under Item 11 must be provided on the *applicant's* appropriate DRP(BD). If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP(BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP(BD) or DRP(U-4). Attach a copy of the fully completed DRP(BD) or DRP(U-4) previously submitted. If a *control affiliate* is an individual or organization <u>not</u> registered through the CRD, provide complete answers to all of the items on the *applicant's* appropriate DRP(BD).
- 3. SCHEDULES A, B AND C File Schedules A and B only with initial applications for registration. Use Schedule C to update Schedules A and B. Individuals not required to file a Form U-4 (individual registration) with the CRD system who are listed on Schedules A, B, or C must attach page 2 of Form U-4. The applicant broker-dealer must be listed in Form U-4 Item 20 or 21. Signatures are not required.
- 4. SCHEDULE D Schedule D provides additional space for explaining answers to Item 1C(2), and "yes" answers to Items 5, 7, 8, 9, 10, 12, and 13 of Form BD.

#### C. ELECTRONIC FILING INSTRUCTIONS (APPLICANTS / REGISTERED BROKER-DEALERS FILING AMENDMENTS WITH CRD)

#### 1. FORMAT

- A. Items 1-13 must be answered and all fields requiring a response must be completed before the filing will be accepted.
- B. Applicant must complete the execution screen certifying that Form BD and amendments thereto have been executed properly and that the information contained therein is accurate and complete.
- C. To amend information, applicant must update the appropriate Form BD screens.
- D. A paper copy, with original manual signatures, of the initial Form BD filing and amendments to Disclosure Reporting Pages (DRPs BD) must be retained by the *applicant* and be made available for inspection upon a regulatory request.
- 2. DISCLOSURE REPORTING PAGE (DRP) Information concerning the applicant or control affiliate that relates to the occurrence of an event reportable under Item 11 must be provided on the applicant's appropriate DRP(BD). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete the control affiliate name and CRD number of the applicant's appropriate DRP(BD). Details for the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all of the questions and complete all fields requiring a response on the applicant's appropriate DRP(BD) screen.

3. **DIRECT AND INDIRECT OWNERS** – Amend the Direct Owners and Executive Officers screen and the Indirect Owners screen when changes in ownership occur. *Control affiliates* that are individuals who are not required to file a Form U-4 (individual registration) with the CRD must complete page 2 of Form U-4 (i.e., submit/file the information elicited by the Personal Data, Residential History, and Employment and Personal History sections of that Form). The *applicant* broker-dealer must be listed in Form U-4 Item 20 or 21.

The CRD mailing address for questions and correspondence is:

NASAA/NASD CENTRAL REGISTRATION DEPOSITORY P.O. BOX 9495 GAITHERSBURG, MD 20898-9495

#### **EXPLANATION OF TERMS**

(The following terms are italicized throughout this form.)

#### 1. GENERAL

APPLICANT - The broker-dealer applying on or amending this form.

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 25% or more of a class of a voting security or has the power to sell or direct the sale of 25% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 25% or more of the capital, is presumed to control that company. (This definition is used solely for the purpose of Form BD.)

JURISDICTION - A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON - An individual, partnership, corporation, trust, or other organization.

SELF-REGULATORY ORGANIZATION - Any national securities or commodities exchange or registered securities association, or registered clearing agency.

#### 2. FOR THE PURPOSE OF ITEM 5 AND SCHEDULE D

**SUCCESSOR** – An unregistered entity that assumes or acquires substantially all of the assets and liabilities, and that continues the business of, a registered predecessor broker-dealer, who ceases its broker-dealer activities. [See Securities Exchange Act Release No. 31661 (December 28, 1992), 58 FR 7 (January 4, 1993)]

#### 3. FOR THE PURPOSE OF ITEM 11 AND THE CORRESPONDING DISCLOSURE REPORTING PAGES (DRPs)

**CONTROL AFFILIATE** – A *person* named in Items 1A, 9 or in Schedules A, B or C as a control person or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

**INVESTMENT OR INVESTMENT-RELATED** – Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

INVOLVED - Doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a foreign securities authority; (2) other governmental body or foreign equivalent of a self-regulatory organization empowered by a foreign government to administer or enforce its laws relating to the regulation of investment or investment-related activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in the activities listed above.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, *self-regulatory organization* or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). Does not include other civil litigation, investigations, or arrests or similar charges effected in the absence of a formal criminal indictment or information (or equivalent formal charge).

CHARGED - Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**MISDEMEANOR** – For jurisdictions that do not differentiate between a felony and a misdemeanor, a misdemeanor is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

MINOR RULE VIOLATION – A violation of a *self-regulatory organization* rule that has been designated as "minor" pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation may be designated as "minor" under a plan if the sanction imposed consists of a fine of \$2,500 or less, and if the sanctioned person does not contest the fine. (Check with the appropriate *self-regulatory organization* to determine if a particular rule violation has been designated as "minor" for these purposes).

ENJOINED - Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

#### UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION **OFFICIAL USE** Date: \_\_ SEC File No.: 8- \_\_\_\_ \_\_ Firm CRD No.: \_\_ (Execution Page) (REV. x/1999) WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer would violate the Federal securities laws and the laws of the jurisdictions and may result in disciplinary, administrative, injunctive or criminal action. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS. **APPLICATION AMENDMENT** 1. Exact name, principal business address, mailing address, if different, and telephone number of applicant. A. Full name of applicant (if sole proprietor, state last, first and middle name): B. IRS Empl. Ident. No.: C. (1) Name under which broker-dealer business primarily is conducted, if different from Item 1A. (2) List on Schedule D, Page 1, Section I any other name by which the firm conducts business and where it is used. D. If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the applicant name (1A) or business name (1C): Please check above. E. Firm main address: (Do not use a P.O. Box) (Number and Street) (State/Country) (Zip+4/Postal Code) Branch offices or other business locations must be reported on Schedule E. F. Mailing address, if different: G. Business Telephone Number: (Area Code) (Telephone Number) H. Contact Employee: (Name and Title) (Area Code) (Telephone Number) **EXECUTION:** For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and applicant hereby certify that the applicant is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the applicant in said State(s), upon whom may be served any notice, process, or pleading in any action or proceeding against the applicant arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the applicant hereby consents that any such action or proceeding against the applicant may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if applicant were a resident in said State(s) and had lawfully been served with process in said State(s). The applicant consents that service of any civil action brought by or notice of any proceeding before the Securities and Exchange Commission or any self-regulatory organization in connection with the applicant's broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the applicant's contact employee at the main address, or mailing address if different, given in Items 1E and 1F. The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete. Date (MM/DD/YYYY) Name of Applicant Signature Print Name and Title Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_ Notary Public My Commission expires \_ County of State of \_ This page must always be completed in full with original, manual signature and notarization. To amend, circle items being amended. Affix notary stamp or seal where applicable.

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

F	ORM BD	Applicant Name:				OFFICIAL USE OFFICIAL USE
	PAGE 2 (REV. x/1999)	Date:		Firm C	CRD No.:	-
2.	Indicate by c registered or	hecking the appropri registering as a brok	ate box(es) each govern er-dealer.	mental authority, organiz	ation, or <i>jurisdiction</i> in whi	ch the applicant is
	If applica	ant is registered or re	gistering with the SEC,	check here and answer It	ems 2A through 2D below	
	A. Is ap			dealer under Section 15(b	o) or Section 15B of the Se	ecurities
					o) of the Securities Exchan	
	C. Is ap				ker or dealer under Section	
	Do n	ot answer "yes" to Ite	əm 2C if applicant answe	ered "yes" to Item 2A or I	tem 2B.	
	D. 10 ap				er?	L
					o the withdrawal of its registrichange Act of 1934. See	
	AMEX	BSE CBOE CHX	CSE NASD NYSE	PHLX PCX OTHER (specif	59)	
	A	labama laska rizona	Hawaii Idaho	Michigan Minnesota	North Carolina North Dakota	Texas Utah
		rkansas	Indiana	Mississippi Missouri	Ohio Oklahoma	Vermont Virginia
		alifomia olorado	L lowa Kansas	Montana Nebraska	Oregon Pennsylvania	Washington West Virginia
	NAN C	onnecticut	Kentucky	Nevada Nevada	Puerto Rico	Wisconsin
		elaware istrict of Columbia	Louisiana Maine	New Hampshire New Jersey	Rhode Island South Carolina	Wyoming
		orida	Maryland	New Mexico	South Dakota	
		eorgia	Massachusetts	New York	Tennessee	
3.	Cor		Gole Proprietorship Limited Liability Company	Other (spe	ecify)	
	C. If other the where pa	an a sole proprietor, rtnership agreement	indicate date and place was filed, or where <i>appl</i>	applicant obtained its leglicant entity was formed):	al status (i.e., state or cou	Intry where incorporated,
	State/Cour	ntry of formation:	Date	of formation:(MM/DD/YY	<del>YY)</del>	
		A and, if applicable, provided on Schedule			al applications. Amendme	nts to these schedules
4.	<u></u>			s and Social Security Nu	mber.	
	Social Security	Number:		_		
		(Number and Street)		(City)	(State/Country)	(Zip+4/Postal Code)
5.	Do not repor	previous succession	ns already reported on F		ered broker-dealer? dule D, Page 1, Section II	
6.	Does applica	nt hold or maintain a	ny funds or securities or	provide clearing services	s for any other broker or de	ealer?
7.			customers to any other b			

F	OF	RM BD	Applicant Name:	OFFICIA	L USE	OFFICIAL USE ONLY
	P	<b>V.</b> x/1999)	Date: Firm CRD No.:			
8.			ant have any arrangement with any other person, firm, or organization under which: s or records of applicant are kept or maintained by such other person, firm or organization?		YES NO	
	В.	accounts	, funds, or securities of the applicant are held or maintained by such other person, firm, or organiza	ation?		
			, funds, or securities of customers of the <i>applicant</i> are held or maintained by such other <i>person,</i> fin			}
			oses of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph (c nder the Securities Exchange Act of 1934 (17 CFR 240.15c3-3).	e) of Rule		
		If "Yes" t	o any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV.			
9.	Do	es any <i>pe</i>	rson not named in Item 1 or Schedules A, B, or C, directly or indirectly:			
	A.	control th	ne management or policies of the applicant through agreement or otherwise?	• • • • • • • • •		
	В.	wholly or	partially finance the business of applicant?			
		made pu and othe	nswer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering of rsuant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by supplications; or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Extended 17 CFR 240.15c3-1).	iers, banks,		
		If "Yes" t	o any part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV.			
10		partfiers	or indirectly, does applicant control, is applicant controlled by, or is applicant under common control nip, corporation, or other organization that is engaged in the securities or investment advisory busing to Item 10A, complete appropriate items on Schedule D, Page 2, Section V.			
:		Federal I	or indirectly, is <i>applicant controlled</i> by any bank holding company, national bank, state member ban Reserve System, state non-member bank, savings bank or association, credit union, or foreign ban	k of the k?		
			o Item 10B, complete appropriate items on Schedule D, Page 3, Section VI.			_
1	_Te	rms sect	propriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explar on of Form BD Instructions for explanations of italicized terms.	nation of		
	Α.	_	ast ten years has the applicant or a control affiliate:			
JRE		(1) bee	n convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military cou ny?	rt to any		
100		(2) bee	n <i>charged</i> with any <i>felony?</i>			
DISCLOSURE	В.	in the pa	ast ten years has the applicant or a control affiliate:			
CRIMINAL (		<i>mis</i> om	n convicted of or pled guilty or noto contendere ("no contest") in a domestic, foreign or military coudemeanor involving: investments or an investment-related business, or any fraud, false statements ssions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiration of these offenses?	or cy to		
		(2) bee	n <i>charged</i> with a <i>misdemeanor</i> specified in 11B(1)?			
SURE	C.	Has the	U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:			-
20		(1) fou	nd the applicant or a control affiliate to have made a false statement or omission?			
DIS		(2) fou	nd the applicant or a control affiliate to have been involved in a violation of its regulations or statute	s?		
ACTION			nd the applicant or a control affiliate to have been a cause of an investment-related business having norization to do business denied, suspended, revoked, or restricted?			
ξ			ered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with <i>Investment-related</i> activit			
REGULATORY ACTION DISCLOSURE		(5) imp	osed a civil money penalty on the applicant or a control affiliate, or ordered the applicant or a control affiliate, or ordered the applicant or a control asset and desist from any activity?	ol affiliate		

F	OR	M	BD	Applicant Name:	OFFICIA	L USI	E	OFFICIAL USE ONLY
-		GE		Date: Firm CRD No.:				
	(REV	/. x/199	9)	FIRM CAD NO.;				
						YES	NO	
	D.	Has	any o	ther federal regulatory agency, any state regulatory agency, or foreign financial regulatory autho	rity:			
		(1)		ound the applicant or a control affiliate to have made a false statement or omission or been dishon, or unethical?				
		(2)		ound the applicant or a control affiliate to have been involved in a violation of investment-related tutes?				
		(3)		<i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of an <i>investment-related</i> business trization to do business denied, suspended, revoked, or restricted?	•			
URE		(4)		past ten years, entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with an <i>tment-related</i> activity?				
REGULATORY ACTION DISCLOSURE		(5)		denied, suspended, or revoked the applicant's or a control affiliate's registration or license or other prevented it from associating with an investment-related business or restricted its activities?				
ŌL	E.	Has	any s	elf-regulatory organization or commodities exchange ever:				
Y AC		(1)	found	the applicant or a control affiliate to have made a false statement or omission?				
LATOR		(2)		the <i>applicant</i> or a <i>control affiliate</i> to have been involved in a violation of its rules (other than a vio nated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Col				
REGL		(3)		the <i>applicant</i> or a <i>control affiliate</i> to have been the cause of an <i>investment-related</i> business hav rization to do business denied, suspended, revoked, or restricted?				
		(4) <sub>4</sub>		lined the applicant or a control affiliate by expelling or suspending it from membership, barring or ending its association with other members, or otherwise restricting its activities?				
	F.			oplicant's or a control affiliate's authorization to act as an attorney, accountant, or federal contrac				
	G.			licant or a control affiliate now the subject of any regulatory proceeding that could result in a "yes f 11C, D, or E?				
•	Н.	(1)	Has a	any domestic or foreign court:				
DISCLOSURE				n the past ten years, <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>investmen</i> ctivity?				
ISCL				ver found that the applicant or a control affiliate was involved in a violation of investment-related			_	
AL D				egulations?				
CIVIL JUDICIAL				ver dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought ag opplicant or control affiliate by a state or foreign financial regulatory authority?				
CIVIL		(2)		applicant or a control affiliate now the subject of any civil proceeding that could result in a "yes" art of 11H(1)?				
ш	1.			t ten years has the applicant or a control affiliate of the applicant ever been a securities firm or a a securities firm that:	control			
SUR				een the subject of a bankruptcy petition?				
Š				ad a trustee appointed or a direct payment procedure initiated under the Securities Investor Prote			_	
AL DIS		\ <del>-</del> /		and a reduced appointed of a direct payment procedure initiated under the decurities investor Fibri				
FINANCIAL DISCLOSURE	J.	Has	a bon	ding company ever denied, paid out on, or revoked a bond for the applicant?				
NE NE	K.	Doe	s the	applicant have any unsatisfied judgments or liens against it?				

FO	RM BD	Applicant Name:	OFFICIA	L USE	OFFICIAL USE ONLY
Р	AGE 5				
	EV. x/1999)	Date: Firm CRD No.:			
ac		business engaged in (or to be engaged in, if not yet active) by applicant. Do not check any cate or is expected to account for) less than 1% of annual revenue from the securities or investment a			
A.	Exchange	member engaged in exchange commission business other than floor activities		☐ EMC	
В.	Exchange	member engaged in floor activities			
C.	Broker or d	ealer making inter-dealer markets in corporate securities over-the-counter		☐ IDM	
D.	Broker or d	ealer retailing corporate equity securities over-the-counter		BDR	
E.	Broker or d	ealer selling corporate debt securities		BDD	
F.	Underwrite	r or selling group participant (corporate securities other than mutual funds)		□ usg	
G.	Mutual fund	d underwriter or sponsor		☐ MFU	
Н.	Mutual fund	d retailer		☐ MFR	
I.	1. U.S. go	vernment securities dealer		GSD	
	2. U.S. go	vemment securities broker		☐ GSB	
J.	Municipal s	ecurities dealer			
K.	Municipal s	ecurities broker		□мѕв	
L.	Broker or d	ealer selling variable life insurance or annuities		U VLA	
М.	Solicitor of	time deposits in a financial institution		SSL	
N.	Real estate	syndicator		RES	
Ο.	Broker or d	ealer selling oil and gas interests		OGI	
P.	Put and cal	ll broker or dealer or option writer		□ РСВ	
Q.	Broffer or d	ealer selling securities of only one issuer or associate issuers (other than mutual funds) $\dots$		□ВІА	
R.	Broker or d	ealer selling securities of non-profit organizations (e.g., churches, hospitals)		☐ NPB	
S.	Investment	advisory services		☐ IAD	
T.	1. Broker	or dealer selling tax shelters or limited partnerships in primary distributions		ПТАР	
	2. Broker	or dealer selling tax shelters or limited partnerships in the secondary market			
U.	Non-excha	nge member arranging for transactions in listed securities by exchange member		☐ NEX	
V.	Trading sec	curities for own account		☐ TRA	
W	. Private plac	cements of securities		☐ PLA	
X.	Broker or d	ealer selling interests in mortgages or other receivables		☐ MRI	
Y.	Broker or d	ealer involved in a networking, kiosk or similar arrangement with a:			
	1. bank, s	avings bank or association, or credit union		☐ BNA	
	2. insuran	ce company or agency			
Z.	Other (give	details on Schedule D, Page 1, Section II)		□ отн	
40.4				YES NO	
13. A.		cant effect transactions in commodity futures, commodities or commodity options as a broker for for its own account?			
R		cant engage in any other non-securities business?			
D.			•••••		
	ıt "yes," de	scribe each other business briefly on Schedule D, Page 1, Section II.			

#### Schedule A of FORM BD **OFFICIAL USE Applicant DIRECT OWNERS AND** Name: **EXECUTIVE OFFICERS** (Answer for Form BD Item 3) Firm CRD No.: (REV. x/1999) 1. Use Schedule A only in new applications to provide information on the direct owners and executive officers of the applicant. Use Schedule B in new applications to provide information on indirect owners. File all amendments on Schedule C. Complete each column. List below the names of: (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions: in the case of an applicant that is a corporation, each shareholder that directly owns 5% or more of a class of a voting security of the applicant, unless the applicant is a public reporting company (a company subject to Sections 12 or 15(d) of the Securities Exchange Act of 1934); Direct owners include any person that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of a voting security of the applicant. For purposes of this Schedule, a person beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. in the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the partnership's capital; and in the case of a trust that directly owns 5% or more of a class of a voting security of the applicant, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee. in the case of an applicant that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers. Are there any indirect owners of the applicant required to be reported on Schedule B? Yes No In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity, or enter "FE" if owner is an entity incorporated or domiciled in a foreign country, or enter "I" if the owner is an individual. Complete the "Title or Status" column by entering board/management titles; status as partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued). NA - less than 5% B - 10% but less than 25% D' - 50% but less than 75% Ownership codes are: - 5% but less than 10% C - 25% but less than 50% E - 75% or more In the "Control Person" column, enter "Yes" if person has "control" as defined in the instructions to this form, and enter "No" if the person does not have control. Note that under this definition most executive officers and all 25% owners, general partners, and trustees would be "control persons". In the "PR" column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934. Control Date Title or CRD No. If None: Official **FULL LEGAL NAME** Ownership Status Acquired Person DE/FE/I Title or Status S.S. No., IRS Tax No. Use (Individuals: Last Name, First Name, Middle Name) Code Only YYYY or Employer ID. MM PR

Cahadula D of EADM DD							OFFICIAL US	
Schedule B of FORM BD	Applicant						0.1.101/12.00	
INDIRECT OWNERS	Name:			<del></del>				
(Answer for Form BD Item 3) (REV. x/1999)	Date:	Firm CRD No.:						
Use Schedule B only in new applications information on <b>direct</b> owners. File all am	to provide information on the endments on Schedule C. Co	Indirect owners of the implete each column	ne <i>appli</i> 1.	cant. Use	Schedule	A in new a	applications to provi	de
2. With respect to each owner listed on Sch								,
(a) in the case of an owner that is a cor sale of, 25% or more of a class of a	voting security of that corpora	ation;						ect the
For purposes of this Schedule, a pe grandparent, spouse, sibling, mothe (ii) that he/she has the right to acqu	r-in-law, father-in-law, son-in-	law, daughter-in-law,	brothe	r-in-law, or	sister-in-	law, sharin	o the same residen	ce; or
<ul> <li>(b) in the case of an owner that is a particle dissolution, or have contributed, 25°</li> </ul>	mership, <b>all</b> general partners 6 or more of the partnership's	and those limited an capital; and	d speci	al partners	that hav	e the right	to receive upon	
(c) in the case of an owner that is a true (d) in the case of an owner that is a Lin		**	45.4	بالدائد معالا مدد				
(d) in the case of an owner that is a Lin contributed, 25% or more of the LL(	's capital, and (ii) if managed	), (i) those members I by elected managers	tnat na s, all ele	ve the right ected mana	nt to recei	ive upon ai:	ssolution, or have	
3. Continue up the chain of ownership listin the Securities Exchange Act of 1934) is r	g all 25% owners at each leve eached, no ownership inform	el. Once a public repo ation further up the ch	rting co	mpany (a ownership	company need be	subject to given.	Sections 12 or 15(c	i) of
<ol> <li>In the "DE/FE/I" column, enter "DE" if the enter"!" if the owner is an individual.</li> </ol>	owner is a domestic entity, o	r enter "FE" if owner i	is an er	ntity incorpo	orated or	domiciled	in a foreign country,	or
<ol><li>Complete the "Status" column by enterin issued).</li></ol>	status as partner, trustee, s	hareholder, etc., and	if share	holder, cla	ss of sec	curities own	ed (if more than one	e is
6. Ownership codes are: C - 25% bu	less than 50% D - 9	50% but less than 759	%	E - 75	% or moi	re F	- Other General Pa	rtners
<ul> <li>7. (a) In the "Control Person" column, enter have control. Note that under this defended in the "PR" column, enter "PR" if the</li> </ul>	finition most executive office	rs and all 25% owner:	s, gene	ral partrier:	s, and tru	ıstees woul	d be "control persor	not ns".
FULL LEGAL NAME	Entity in Which	Date	Status	Ownership	Contro	CB	D No. If None:	Official
(Individuals: Last Name, First Name, Middle Name)	Interest is Owned	Status MM	quired	Code	Persor	3.3.	No., IRS Tax No. Employer ID.	Use Only

Schedule C of FORM BD										OFFICIAL US	E
AMENDMENTS TO SCHEDULES A & B	<i>Applical</i> Name:						·				
(Amendments to answers for Form BD Item 3) (REV. x/1999)	Date: _			_ Firm CRI	O No.:						
This Schedule C is used to amend Schedu Complete each column. File with a comp	iles A and leted Exe	I B of I cution	Form BD. Re Page (Page	efer to those e 1).	schedui	les for sp	ecific instr	uctions f	or comp	leting this Schedule C.	
2. In the Type of Amendment ("Type of Amd.	") column	, i <b>n</b> dica	ate "A" (add	ition), "D" (de	eletion),	or "C" (c	hange in i	nformatio	n about	the same <i>person</i> ).	
3. Ownership codes are: NA - less that A - 5% but I	n 5%	400/	B - 10°	% but less tha	an 25%	D	- 50% bu	t less tha	n <b>7</b> 5%	F – Other General F	artners
4. List below all changes to Schedule A: (							– 75% or	more			
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/EE/I	Туре		r Status	Date Status	Title or Acquired	Ownership Code	Contro Persor	s.	CRD No. If None: S. No., IRS Tax No.	Official Use
		Ailiu.			ММ	YYYY		P	R	or Employer ID.	Only
											-
								İ			
									1		+-
	<del> </del>	-							<u> </u>		
F.				-							†
/	-								ļ		
5. List below all changes to Schedule B: (	INDIREC	T OW	NERS)		l	L					<u> </u>
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)  Type of Amd	lete.	ntity in erest is	Which Owned	Status	Da A	te Status acquired	Ownership Code	Contro Person	s.:	CRD No. If None: S. No., IRS Tax No. or Employer ID.	Official Use Only
		•							1	W	
		-				-			-		
											T
						-					+
									ļ		
						1					<del>                                     </del>
											-
			,								

Schedule D of FORM BD					OFFICIAL USE
Page 1	Applicant Name: _	<u> </u>			_
	Date:		Firm CRD No.:		
(REV. x/1999)	4-9-7- 4				
Use this Schedule D Page 1 to report disubmitted details. Do not repeat previou	usly submit	ted informatio	n.		pdates to previously
		iling for the Fo	orm BD items checked	below:	
Other Business	Names				
Check if applicable) Item 1C(2)					
ist each of the "other" names and the ju Name	urisdiction(s	s) in which the	y are used.		Jurisdiction
			2		our saletor /
Name		Jurisdiction	4. Name		Jurisdiction
ECTION II Other Business					
Check one) Item 12Z		em 13B	<del>Address January and Transport /del>		
Applicant must complete a separate Sch			affirmative response i	n this section.	
Briefly describe any other business (ITE)					side of this sheet for
dditional comments if necessary.			•	, , , , , , , , , , , , , , , , , , ,	
	indicated trade or the	1964 I 1964 IN MARIE WAR HAVE HOUSE HOUSE MARIE			
The second secon	••				
ECTION III Successions					
Check if applicable) Item 5					
e of Succession MM DD YY	YYY Name o	f Predecessor			
/ /					
m CRD Number	IRS Em	ployer Identificatio	on Number (if any)	SEC File Number (if any)	
Briefly describe details of the succession	including	any assets or	liabilities not assumed	by the <i>successor</i> . Use	reverse side of this shee
or additional comments if necessary.	-			•	
					- Marie Marie Marie Marie I Marie I
and a state of the education and an education of the education and education of the				The state of the s	and where the second se
ECTION IV Introducing and	Clearing	Arrangeme	nts / Control Perso	ns / Financings	
Check one) Item 7	Item 8A	Item		Item 9A	Item 9B
Applicant must complete a separate Sch	edule D Pa	age 1 for each	affirmative response is	n this section including a	any multiple responses
o any item. Complete the "Effective Date When reporting a change or termination	e" box with	the Month, Da	av and Year that the ar	rangement or agreemen	nt became effective.
m or Organization Name	or arran	igomont or ag	recinent, enter the ene	CRD Number (if any)	J.
siness Address (Street, City, State/Country, Zip+4/	Postal Code)			Effective Date	Termination Date
ividual Name (if applicable) (Last, First, Middle)				CRD Number (if any)	
siness Address (if applicable) (Street, City, State/C	ountry, Zip+4/	Postal Code)		Effective Date	Termination Date  MM / DD / YYYY
briefly describe the nature of reference on nethod and amount of financing (ITEM S	or arrangen 9B). Use re	nent (ITEM 7 deverse side of t	or ITEM 8); the nature of this sheet for additional	of the <i>control</i> or agreem I comments if necessary	nent (ITEM 9A); or the
					er gere er ere gere om er

Schedule D of FORM BD						OF	FICIAL USE	USE
Page 2	Applicant Name:							ŀ
	_		E 000 N					
(REV. x/1999)	Date:		Firm CRD No.:					
Use this Schedule D Page 2 to report de details. Do not repeat previously submitt individuals necessary to answer each ite	ted information. S	upply deta	ails for all partners	hips, com	orations, orga	anizations, i	-	t
Use the "Effective Date" box to enter the	•		•		-	•	ecent change	
in the affiliation.								
This is an INITIAL AMENDE	D detail filing for	Form BD	Item 10A					
10A. Directly or indirectly, does ap partnership, corporation, or o								
SECTION V Complete this se	ction for contr	ol issue:	s relating to ITE	M 10A	only.			
The details supplied relate to:				1				_
Partnership, Corporation, or Organization Nan	ne .			CRE	Number (if any)			
(check only one)								4
This Partnership, Corporation, or Organizati	on controls a	pplicant	is controlled by	applicant	is under d	ommon <i>conti</i>	rol with applican	f
Business Address (Street, City, State/Country, Zip+	4/Postal Code)			Effective	Date , yyyy	Terminatio	n Date	
Is Partnership, Corporation or If Yes, provide co	untry of domicile or	<del> </del>			/ / /	/	/	
Organization a foreign entity? incorporation:				curities :	Yes No	Investment Advisory [ Activities:	Yes No	
Partnership, Corporation, or Organization Nar	ne			CRI	Number (If any)			
(check only one)								1
This Partnership, Corporation, or Organizati		pplicant	is controlled by	applicant	is under d	common <i>cont</i>	rol with applican	t
					Date			
Business Address (Street, City, State/Country, Zlp+	4/Postal Code)			Effective	/ DD / YYYY	Terminatio		
	ountry of domicile or		his partnership	Effective			n Date	_
Is Partnership, Corporation or Organization a foreign entity?	ountry of domicile or	activities of t corporation,	his partnership, or organization:	Effective MM scuritles ctivities:	/ DD / YYYY  Yes \( \simega \text{No} \)	Investment Advisory	on Date PYYYY	-
Is Partnership, Corporation or Organization a foreign entity?  Yes No	ountry of domicile or	activities of t corporation,	his partnership, or organization:	Effective MM scuritles ctivities:	/ DD / YYYY  Yes \( \simega \text{No} \)	Investment Advisory	on Date PYYYY	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the <i>control</i> relationship. Use	reverse side of this	activities of t corporation,	his partnership, or organization:	Effective MM ecuritles ctivities:	/ DD / YYYY  Yes \( \simega \text{No} \)	Investment Advisory Activities:	on Date PYYYY	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the <i>control</i> relationship. Use  Partnership, Corporation, or Organization Nar	reverse side of this	activities of t corporation,	his partnership, or organization:	Effective MM ecuritles ctivities:	Yes No	Investment Advisory Activities:	on Date PYYYY	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the <i>control</i> relationship. Use  Partnership, Corporation, or Organization Nar  (check only one)	reverse side of this	activities of t corporation, sheet for a	his partnership, or organization:	Effective MM	Yes No  Number (if any)	Investment Advisory Activities:	on Date / /// Yes No	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the <i>control</i> relationship. Use  Partnership, Corporation, or Organization Nar	reverse side of this	activities of t corporation, sheet for a	his partnership, or organization:	Effective MM	Yes No  Yes No  No  Number (if any)	Investment Advisory Activities:	on Date	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the control relationship. Use  Partnership, Corporation, or Organization Nar  (check only one)  This Partnership, Corporation, or Organization  Business Address (Street, City, State/Country, Zip+	reverse side of this  me  controls a 4/Postal Code)	activities of to corporation, sheet for a applicant	his partnership, or organization:  dditional comments if it is controlled by or "No" for the partnership.	Effective MM Securitles Etivities:  If necessar  CRI  applicant  Effective	Yes No  No  Number (if any)	Investment Advisory Activities:	on Date  ON Yes No  Yes No  Trol with applicant	tt
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the control relationship. Use  Partnership, Corporation, or Organization Nar  (check only one)  This Partnership, Corporation, or Organization Business Address (Street, City, State/Country, Zip+  Is Partnership, Corporation or Organization a foreign entity?	reverse side of this  me  ion controls a 4/Postal Code)	activities of to corporation, sheet for a applicant  Check "Yes" activities of to corporation,	is controlled by  or "No" for his partnership, or organization:  or "No" for his partnership, or organization:	Effective MMM  CRI  applicant  Effective MMM  Effective MMM  Ectivities:	Yes No   Investment Advisory Activities:  Common cont Termination Investment Advisory Investment Advisory	Yes No	t -	
Is Partnership, Corporation or Organization a foreign entity?  Yes No  Briefly describe the control relationship. Use  (check only one)  This Partnership, Corporation, or Organization  Business Address (Street, City, State/Country, Zip+  Is Partnership, Corporation or Organization a foreign entity?  Yes No	reverse side of this  me  ion controls a 4/Postal Code)	activities of to corporation, sheet for a applicant  Check "Yes" activities of to corporation,	is controlled by  or "No" for his partnership, or organization:  or "No" for his partnership, or organization:	Effective MMM  CRI  applicant  Effective MMM  Effective MMM  Ectivities:	Yes No   Investment Advisory Activities:  Common cont Termination Investment Advisory Investment Advisory	Yes No		

Schedule D of FORM BD				0	FFICIAL	USE	OFFICIAL USE ONL
Page 3	Applicant Name:			_			
	Date:Firm CRD No.:						
(REV. x/1999)							4
details. Do not repeat previously submit	etails for Item 10B. Report only new information of ted information. Supply details for all partnerships om completely. Use additional copies of Schedule	, corpora	ations, orga	nizations,			
Use the "Effective Date" box to enter the in the affiliation.	e Month, Day, and Year that the affiliation was effort	ective or	the date of	the most	recent ch	nange	
This is an INITIAL AMENDE	ED detail filing for Form BD Item 10B						
10B. Directly or indirectly, is application Reserve System, state non-national state in the state of the stat	eant controlled by any bank holding company, nationember bank, savings bank or association, credit	onal ban union, or	k, state me foreign ba	mber ban nk?	k of the F	ederal	
SECTION VI Complete this se	ection for control issues relating to ITEM 1	10B onl	v.			· · · · · · · · · · · · · · · · · · ·	1
	or institution that controls the applicant, including			or institution	on in the		
Financial Institution Name		CRD Nu	mber (if applic	able)	*		
	ional bank, state member bank of the Federal Reserve System, ciation, credit union, or foreign bank)	state	Effective Date	ММ	/ DD /	YYYY	
_	<u> </u>		Termination D	ate MM	/ <sup>DD</sup> /	YYYY	
Business Address (Street, City, State/Country, Zip+	4/Postal Code)		If foreign, cou	Intry of domi	cile or incon	poration	
Briefly describe the control relationship. Use revers	e side of this sheet for additional comments if necessary.						
Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			esancia es antones succes	the authorities and person of			
Financial Institution Name		CRD Nu	mber (if applic	able)	-		
Institution Type (I.e., bank holding company, nat	ional bank, state member bank of the Federal Reserve System, sciation, credit union, or foreign bank)	state	Effective Date	ММ	/ <sup>DD</sup> /	7777	
	Sales, Seat union, or looign banky	-	Termination D	ate MM	/ DD /	YYYY	
Business Address (Street, City, State/Country, Zip+	4/Postal Code)		If foreign, cou	antry of domi	cile or incon	poration	
Briefly describe the control relationship. Use revers	e side of this sheet for additional comments if necessary.		samana sa a				
Financial Institution Name		CRD Nu	mber (if applic	able)			
	ional bank, state member bank of the Federal Reserve System, clation, credit union, or foreign bank)		Effective Date Termination D		/ DD /	7777	
Business Address (Street, City, State/Country, Zip+	4/Postal Code)		If foreign, cou	untry of domi	cile or incon	poration	
Briefly describe the control relationship. Use reverse	e side of this sheet for additional comments if necessary.				···		
					- Page 1 - Page 1 -		
Financial Institution Name		CRD Nu	mber (if applic	able)			
	ional bank, state member bank of the Federal Reserve System, colation, credit union, or foreign bank)	state	Effective Date	MM	/ 00 /	****	
		ŀ	Termination D	ate MM	/ 00 /	****	
Business Address (Street, City, State/Country, Zip+	4/Postal Code)		If foreign, cou	ı <b>ntry of</b> domi	cile or Incon	poration	
Briefly describe the control relationship. Use reverse	e side of this sheet for additional comments if necessary.	1					
•							

Schedule E of FORM BD			OFFICIAL USE
	Applicant Name:		
	Name:		
(05) (((00))	Date:	Firm CRD No.:	
(REV. x/1999)	INST	RUCTIONS	
Each item must be completed unless of	anch offices or other business loo erwise noted. Use additional cop	cations of the applicant. Repeat Items 1-12 for each branch of ies of this schedule as necessary. If this branch office or oth me, such name must be reported under Item 1C(2) on Page	er business location is using a
Specific:			ial nation. HDalatell when a
branch office or other business locatio ltem 2. CRD will assign this branch number w	n is closed, and "Amendment" t hen the <i>applicant</i> adds a branct	ness location is opened and the applicant is filing the inition indicate any other change to previously filed information office or other business location as discussed in Item 1	n.
Item 3. The Billing Code is an alpha/numeric v codes. This is not a required field.		haracters. It is the responsibility of the firm to establish an	nd maintain its own unique billing
,	•	d; post office box designations alone are not sufficient.  n existing branch office or other business location.	
Item 6. If the branch office or other business is institution, enter the name of the institu	ocation occupies or shares spac ution in the space provided.	ce on premises within a bank, savings bank or association registered representative in charge who is physically at the	
Item 7. Complete this item for all entries. Enter Item 8. Provide the CRD number for the brand			nis location.
	•	ce or other business location was opened (ADD), closed	(DELETE), or the effective date
Item 10. Check "Yes" or "No" to denote whether		of Supervisory Jurisdiction (OSJ) as defined in NASD Rule	
e agency agreement) with the main of expenses paid by a party other than the representatives; (C) deems 5% or more market making and/or underwriting ac	fice <u>and</u> any one or more of the re applicant; (B) has primary res re of its total registered represer tivities.	tion that will operate pursuant to a written agreement or or following will apply: the location (A) assumes liability for isponsibility for decisions relating to the employment and relatives to be "independent contractors" for tax purposes:	its own expenses or has its remuneration of its registered ; or (D) engages in separate
Item 12. Check the appropriate box(es) if the b	anch or other business location	n is registering with the NASD or registering or reporting v	vith a jurisdiction.
1. Check only one box:			
Add Delete Amer	dment	•	
2. CRD Branch Number		6. Institution Name (if applicable)	
3. Billing Code		· · · ·	
4		Supervisor Name	
Street		8. CRD Number of Supervisor	
P.O. Box (if applicable), Suite, Floor		9	
City, State/Country, Zip Code + 4/Postal Code		Effective Date (MM/DD/YYYY)	
If applicant is changing the address, enter the	new address in Item 5.	10. OSJ 🔲 Yes 🔲 No	
5		11. 🗌 Yes 🔲 No	
Street		If Yes, indicate each Item 11 subset that	applies:
P.O. Box (if applicable), Suite, Floor		A B C D	
City, State/Country, Zip Code + 4/Postal Code		12. NASD Jurisdiction	
1. Check only one box:  Add Delete Amer	idment		
2. CRD Branch Number		6. Institution Name (if applicable)	
3. Billing Code		7. Supervisor Name	
4. Street		•	
P.O. Box (if applicable), Suite, Floor		CRD Number of Supervisor	
City, State/Country, Zip Code + 4/Postal Code		Effective Date (MM/DD/YYYY)	
If applicant is changing the address, enter the	new address in Item 5.	10. OSJ Yes No	
5. Street		11. Yes No If Yes, indicate each Item 11 subset that	applies:
P.O. Box (if applicable), Suite, Floor		□ A □ B □ C □ D	
City, State/Country, Zip Code + 4/Postal Code		12. NASD Jurisdiction	

# BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUCTIONS	
affirmative responses to Item 11I of Form BD;	response used to report details for
Check 🗹 item(s) being responded to:	
11I In the past ten years has the applicant or a control affiliate of the applicant ever been a secur that:	ities firm or a control affiliate of a securities firm
<ul> <li>(1) has been the subject of a bankruptcy petition?</li> <li>(2) has had a trustee appointed or a direct payment procedure initiated under the Section.</li> </ul>	urities Investor Protection Act?
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for more to a completed Execution Page.	han one person or entity using one DRP. File with
It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided for each event or <i>proceeding</i> . Should they be provided for each event or <i>proceeding</i> .	ded, they will not be accepted as disclosure in lieu
If a control affiliate is an individual or organization registered through the CRD, such control affiliate new appropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRF individual or organization not registered through the CRD, provide complete answers to all the items or completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.	P (BD) or DRP (U-4). If a control affiliate is an
PART I	
A. The person(s) or entity(ies) for whom this DRP is being filed is (are):	
☐ The Applicant	
☐ Applicant and one or more control affiliates	
One or more <i>control affiliates</i>	
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> belowided by the same.	ow (for individuals, Last name, First name,
If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate	
checkbox.	"non-registered" by checking the appropriate
checkbox.  NAME OF APPLICANT	"non-registered" by checking the appropriate  APPLICANT CRD NUMBER
checkbox.	
NAME OF APPLICANT	
NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE	APPLICANT CRD NUMBER
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER	APPLICANT CRD NUMBER
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control	APPLICANT CRD NUMBER
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)	APPLICANT CRD NUMBER
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at B. If the control affiliate is registered through the CRD, has the control affiliate submitted a D	APPLICANT CRD NUMBER  I Affiliate is Firm Individual  are no longer associated with the BD.  IRP (with Form U-4) or BD DRP to the CRD
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the CRD, and the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the CRD, and the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the case of the control affiliate submitted and t	APPLICANT CRD NUMBER  I Affiliate is Firm Individual  are no longer associated with the BD.  IRP (with Form U-4) or BD DRP to the CRD
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the CRD, and the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the CRD, and the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be presented through the case of the control affiliate submitted and t	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be property.	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s):  B. If the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be properly No  NOTE: The completion of this form does not relieve the control affiliate of its obligation to	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
Checkbox.  NAME OF APPLICANT  BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at the control affiliate is registered through the CRD, has the control affiliate submitted a D System for the event? If the answer is "Yes," no other information on this DRP must be precord because the control affiliate of the precord because the control affiliate of the control affiliate of the control affiliate of the precord because the control affiliate is not the control affiliate of the precord because the control affiliate of the control affiliate of the precord because the control affiliate of the precord because the control affiliate is not the control affiliate of the precord because the control affiliate is not because the control affiliate of the precord because the control affiliate is not because the control affiliate is	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
CRD NUMBER  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at System for the event? If the answer is "Yes," no other information on this DRP must be provided by the completion of this form does not relieve the control affiliate of its obligation to PART II  Action Type: (check appropriate item)  Bankruptcy Declaration Receivership	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
BD DRP - CONTROL AFFILIATE  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at System for the event? If the answer is "Yes," no other information on this DRP must be provided by Yes No  NOTE: The completion of this form does not relieve the control affiliate of its obligation to PART II  Action Type: (check appropriate item)	APPLICANT CRD NUMBER  Discrepance Affiliate is Firm Individual Ind
CRD NUMBER  CRD NUMBER  This Control  Registered: Yes No  NAME (For individuals, Last, First, Middle)  This DRP should be removed from the BD record because the control affiliate(s) at System for the event? If the answer is "Yes," no other information on this DRP must be provided by the completion of this form does not relieve the control affiliate of its obligation to PART II  Action Type: (check appropriate item)  Bankruptcy Declaration Receivership	APPLICANT CRD NUMBER  If Affiliate is Firm Individual  are no longer associated with the BD.  ARP (with Form U-4) or BD DRP to the CRD rovided.  update its CRD records.

Rev. Form BD (x/1999)

1.

2.

# BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

(continuation)

3.	If the financial action relates to an organization over which the applicant or control affiliate exercise(d) control, enter Organization Name and the applicant's or control affiliate's position, title or relationship:
	Was the Organization investment-related?
4.	Court action brought in (Name of Federal, State or Foreign Court), Location of Court (City or County <u>and</u> State or Country), Docket/Case Number and Bankruptcy Chapter Number (if Federal Bankruptcy Filing):
	Is action currently pending?
6.	If not pending, provide Disposition Type: (check appropriate item)
	□ Direct Payment Procedure □ Dismissed □ Satisfied/Released □ Dismissed □ Sizebeared □ Dismissed □ Sizebeared □ Dismissed □ D
	☐ Dissolved ☐ SIPA Trustee Appointed ☐ Other
7.	Disposition Date (MM/DD/YYYY): Exact Explanation
	If not exact, provide explanation:
8.	Provide a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided.):
9.	If a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the trustee:
	Currently Open? Yes No
	Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY):
	If not exact, provide explanation:
0.	Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable). (The information must fit within the space provided.)

Rev. Form BD (x/1999)

# **BOND DISCLOSURE REPORTING PAGE (BD)**

	GENERAL INSTRUCTIONS			
	This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for affirmative responses to Item 11J of Form BD;			
	Check ☑ item(s) being responded to:			
	11J Has a bonding company ever denied, paid out on, or revoked a bond for the applicant?			
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.			
	It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.			
	NAME OF APPLICANT CRD NUMBER  APPLICANT CRD NUMBER			
1.	Firm Name: (Policy Holder)			
2.	Bonding Company Name:			
3.	Disposition Type: (check appropriate item)			
	☐ Denfed ☐ Payout ☐ Revoked			
4.	Disposition Date (MM/DD/YYYY):   Exact Explanation			
	If not exact, provide explanation:			
5.	If disposition resulted in Payout, list Payout Amount and Date Paid:			
6.	Summarize the details of circumstances leading to the necessity of the bonding company action: (The information must fit within the space provided.)			

# **CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)**

GENERAL INSTRU	ICTIONS			
affirmative responses to Item 11H of Form BD;	AMENDED response used to report details for			
Check ☑ item(s) being responded to:				
11H(1) Has any domestic or foreign court:				
(a) in the past ten years, enjoined the applicant or a control affilia	te in connection with any investment-related activity?			
(b) ever found that the applicant or a control affiliate was involved				
(c) ever dismissed, pursuant to a settlement agreement, an Invescontrol affiliate by a state or foreign financial regulatory author	rity?			
11H(2) Is the applicant or a control affiliate now the subject of any civil pro				
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be a completed Execution Page.	·			
One event may result in more than one affirmative answer to Item 11H. Use only or judicial actions must be reported on separate DRPs.	ne DRP to report details related to the same event. Unrelated civil			
It is not a requirement that documents be provided for each event or <i>proceeding</i> . So of answering the questions on this DRP.	hould they be provided, they will not be accepted as disclosure in lieu			
If a control affiliate is an individual or organization registered through the CRD, such appropriate DRP (BD). Details of the event must be submitted on the control affiliate individual or organization not registered through the CRD, provide complete answer completion of this DRP does not relieve the control affiliate of its obligation to update	e's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an rs to all the items on the applicant's appropriate DRP (BD). The			
PART I				
A. The person(s) or entity(ies) for whom this DRP is being filed is (are):				
The Applicant	i i			
☐ Applicant and one or more control affiliate(s)				
☐ One or more <i>control affiliate(s)</i>				
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>committed</i> Middle name).	ontrol affiliate below (for individuals, Last name, First name,			
If the control affiliate is registered with the CRD, provide the CRD number checkbox.	er. If not, indicate "non-registered" by checking the appropriate			
NAME OF APPLICANT	APPLICANT CRD NUMBER			
BD DRP - CONTROL AFFILIATE				
CRD NUMBER	This Control Affiliate is  Firm Individual			
Registered: Yes No	J			
NAME (For individuals, Last, First, Middle)				
☐ This DRP should be removed from the BD record because the o	control affiliate(s) are no longer associated with the BD.			
B. If the control affiliate is registered through the CRD, has the control affilia	ate submitted a DRP (with Form U-4) or BD DRP to the CRD			
System for the event? If the answer is "Yes," no other information on this	s DRP must be provided.			
☐ Yes ☐ No				
NOTE: The completion of this form does not relieve the control affiliate of	of its obligation to update its CRD records.			
PART II				
Court Action initiated by: (Name of regulator, foreign financial regulatory authority	V SRO commodities evolvance accords first article algorithms.			
	y, ono, commodules exchange, agency, irm, private plaintiff, etc.)			

1.

# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

2.	Principal Relief Sought: (che				
	Cease and Desist	☐ Disgorgement	☐ Money Damages (Priv	ate/Civil Complaint)	☐ Restraining Order
	☐ Civil Penalty(ies)/Fine(s) Other Relief Sought:	☐ Injunction	☐ Restitution		U Other
	Other Relief Sought:				
3.	3. Filing Date of Court Action (MM/DD/YYYY):				
	If not exact, provide explan	ation:			
4.	Principal Product Type: (che	ck appropriate item)			
	☐ Annuity(ies) - Fixed	Derivative(s)		☐ Investment Con	tract(s)
	Annuity(ies) - Variable	☐ Direct Investment	(s) - DPP & LP Interest(s)	Money Market F	Fund(s)
	CD(s)	☐ Equity - OTC		☐ Mutual Fund(s)	
	☐ Commodity Option(s)	☐ Equity Listed (Cor	mmon & Preferred Stock)	☐ No Product	
	☐ Debt - Asset Backed	☐ Futures - Commo	dity	☐ Options	
	Debt - Corporate	☐ Futures - Financia	al	☐ Penny Stock(s)	
	☐ Debt - Government	☐ Index Option(s)		Unit Investment	Trust(s)
	Debt - Municipal	Insurance		☐ Other	
	Other Product Types:			<i>i</i>	
_					
5.	Docket/Case Number):	i (include name of Fede	eral, State or Foreign Court, I	_ocation of Court - City	or County <u>and</u> State or Country,
6.	Control Affiliate Employing F	irm when activity occurr	red which led to the civil judio	ial action (if applicable	o):
7.	Describe the allegations relations	ted to this civil action. (7	The information must fit within	n the space provided.)	:
8.	Current Status?	ling 🗌 On Appeal	Final		
9.	If on appeal, action appealed	I to (provide name of co	urt): Date Appeal Filed (MM	I/DD/YYYY):	
10.	If pending, date notice/proces	ss was served (MM/DD	γγγγ):	☐ Exact	☐ Explanation
-		•			
	If not exact, provide explan	ation:			

## **CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)**

(continuation)

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only. 11. How was matter resolved: (check appropriate item) ☐ Consent ☐ Dismissed ☐ Opinion Other\_ 12. Resolution Date (MM/DD/YYYY): ☐ Exact Explanation If not exact, provide explanation: 13. Resolution Detail: A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items): ☐ Monetary/Fine ☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution Amount: \$ ☐ Bar Censure ☐ Cease and Desist/Injunction B. Other Sanctions: C. Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against applicant or control affiliate, date paid and if any portion of penalty was waived: 14. Provide a brief summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The information must fit within the space provided.):

## **CRIMINAL DISCLOSURE REPORTING PAGE (BD)**

	GENERAL INSTRUCTIONS		
T a	This Disclosure Reporting Page (DRP BD) is an INITIAL <b>OR</b> AMENDED response used to report details for affirmative responses to <b>Items 11A and 11B</b> of Form BD;		
	Check ☑ item(s) being responded to:		
	<ul> <li>11A In the past ten years has the applicant or a control affiliate: <ul> <li>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</li> <li>(2) been charged with any felony?</li> </ul> </li> <li>11B In the past ten years has the applicant or a control affiliate: <ul> <li>(1) been convicted or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving: investments or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</li> <li>(2) been charged with a misdemeanor specified in 11B(1)?</li> </ul> </li> </ul>		
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.		
5	Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the above items.		
i	If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.		
	Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted. Documents will not be accepted as disclosure in lieu of answering the questions on this DRP.		
	PART I		
<u> </u>			
Α.	The person(s) or entity(ies) for whom this DRP is being filed is (are):		
	☐ The Applicant		
	☐ Applicant and one or more control affiliates		
	☐ One or more <i>control affiliates</i> If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> below (for individuals, Last name, First name,		
	Middle name).		
	If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.		
	NAME OF APPLICANT APPLICANT CRD NUMBER		
	BD DRP - CONTROL AFFILIATE		
	CRD NUMBER This Control Affiliate is Firm Individual		
	Registered: Yes No		
	NAME (For individuals, Last, First, Middle)		
	☐ This DRP should be removed from the BD record because the <i>control affiliate(s)</i> are no longer associated with the BD.		
В.	If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.		
	Yes No		
	NOTE: The completion of this form does <u>not</u> relieve the <i>control affiliate</i> of its obligation to update its CRD records.		

Rev. Form BD (x/1999) (continued)

### **CRIMINAL DISCLOSURE REPORTING PAGE (BD)**

(continuation)

# 1. If charge(s) were brought against an organization over which the applicant or control affiliate exercise(d) control: Enter organization name, whether or not the organization was an investment-related business and the applicant's or control affiliate's position, title or relationship. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number). 3. Event Disclosure Detail (Use this for both organizational and individual charges.) A. Date First Charged (MM/DD/YYYY): Explanation If not exact, provide explanation: B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: 1. number of counts, 2. felony or misdemeanor, 3. plea for each charge, and 4. product type if charge is investment-related): ☐ Yes □No C. Did any of the Charge(s) within the Event involve a Felony? D. Current status of the Event? ☐ Pending ☐ On Appeal ☐ Final E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY): ☐ Exact Explanation If not exact, provide explanation: Disposition Disclosure Detail: Include for each charge, A. Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], B. Date, C, Sentence/Penalty, D. Duration [if sentence-suspension, probation, etc.], E. Start Date of Penalty, F. Penalty/Fine Amount and G. Date Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (The information must fit within the space provided.)

## JUDGMENT / LIEN DISCLOSURE REPORTING PAGE (BD)

	GENERAL INSTRUCTIONS			
	This Disclosure Reporting Page (DRP BD) is an INITIAL <b>OR</b> AMENDED response used to report details for affirmative responses to <b>Item 11K</b> of Form BD;			
	Check ☑ item(s) being responded to:			
	11K Does the applicant have any unsatisfied judgments or liens against it?			
	Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for more than one <i>person</i> or entity using one DRP. File with a completed Execution Page.			
	It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.			
	NAME OF APPLICANT CRD NUMBER  APPLICANT CRD NUMBER			
1.	Judgment / Lien Amount:			
2.	Judgment / Lien Holder:			
3.	Judgment / Lien Type: (check appropriate item)  Civil - Default Tax			
4.	Date Filed (MM/DD/YYYY):			
	If not exact, provide explanation:			
5.	ls Judgment/Lien outstanding?			
	If No, provide status date (MM/DD/YYYY): Explanation			
	If not exact, provide explanation:			
	If No, how was matter resolved? (check appropriate item)  Discharged Released Satisfied			
6.	Court (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country) and Docket/Case Number:			
7.	Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable). (The information must fit within the space provided.):			

# **REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)**

GENERAL INSTRUCTIONS			
This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for			
affirmative responses to Items 11C, 11D, 11E, 11F or 11G of Form BD;			
Check 🗹 item(s) being responded to:			
Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:    Ound the applicant or a control affiliate to have made a false statement or or emission?   Ound the applicant or a control affiliate to have been involved in a violation of its regulations or statutes?   Ound the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?   Ound the applicant or a control affiliate in connection with investment-related activity?   Ound the applicant or a control affiliate in connection with investment-related activity?   Ound the applicant or a control affiliate in connection with investment-related activity?   Ound the applicant or a control affiliate in connection with investment or a control affiliate to cease and desiet from any activity?   Ound the applicant or a control affiliate to have made a false statement or omission or been dishonest, unfair, or unethical?   Ound the applicant or a control affiliate to have been involved in a violation of investment-related regulations or statutes?   Ound the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?   Ound the applicant or a control affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?   Ound the applicant or a control affiliate in connection with an investment-related activity?   Output			
Has any self-regulatory organization or commodities exchange ever:  (1) found the applicant or a control affiliate to have been involved in a violation of its rules (other than a violation designated as a *minor rule violation* under a plan approved by the U.S. Securities and Exchange Commission)?  (3) found the applicant or a control affiliate to have been the cause of an invastment-related business having its authorization to do business denied, suspended, revoked, or restricted?  (4) disciplined the applicant or a control affiliate by expelling or suspending it from membership, barring or suspending its association with other members, or otherwise restricting its			
activities?  11F Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or federal contractor ever been revoked or suspended?  11G Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory proceeding that could result in a "yes" answer to any part of 11C, D, or E?			
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for more than one <i>person</i> or entity using one DRP. File with a completed Execution Page.	1		
One event may result in more than one affirmative answer to Items 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.			
It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.	i		
If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.			
PART I			
A. The person(s) or entity(ies) for whom this DRP is being filed is (are):			
☐ The <i>Applicant</i> ☐ <i>Applicant</i> and one or more <i>control affiliates</i>			
☐ One or more <i>control affiliates</i>			
One or more control attiliates If this DRP is being filed for a control affiliate, give the full name of the control affiliate below (for individuals, Last name, First name, Middle name).			
If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriat checkbox.	e		
NAME OF APPLICANT APPLICANT CRD NUMBER			
BD DRP - CONTROL AFFILIATE			
CRD NUMBER			
This Control Affiliate is  Firm Individual			
Registered: Yes No			
NAME (For individuals, Last, First, Middle)			
☐ This DRP should be removed from the BD record because the <i>control affiliate(s)</i> are no longer associated with the BD.			
B. If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.			
Yes No NOTE: The completion of this form does <u>not</u> relieve the <i>control affiliate</i> of its obligation to update its CRD records.			

Rev. Form BD (x/1999)

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

Regulatory Action initiated by:  SEC Dther Fede	eral 🗌 State	SRO Foreign		
		y authority, federal, state or SF	RO)	
Principal Sanction: (check appr	ropriate item)			
Civil and Administrative P	enalty(ies)/Fine(s)	☐ Disgorgement	Restitution	
Bar		Expulsion	Revocation	
Cease and Desist		Injunction	Suspension	
☑ Censure		☐ Prohibition	Undertaking	
☐ Denial		Reprimand	U Other	
Other Sanctions:		<u> </u>		
Date Initiated (MM/DD/YYYY)	,	Exact	Explanation	
If not exact, provide explana	ation:			
Docket/Çase Number:				·
			· · · · · · · · · · · · · · · · · · ·	
Control Affiliate Employing Fire	when activity occurre	ed which led to the regulatory ac	ction (if applicable)	
		The tribution to the regulatory at	Silon (II applicatio).	
Principal Product Types (sheets				
Principal Product Type: (check Annuity(ies) - Fixed	Derivative(s)		☐ Investment Contract(s)	
Annuity(ies) - Variable		ent(s) - DPP & LP Interest(s)	<ul><li>☐ Investment Contract(s)</li><li>☐ Money Market Fund(s)</li></ul>	
	☐ Equity - OTC	ands) Dil a Li interest(s)	☐ Mutual Fund(s)	
Commodity Option(s)	_ ' '	Common & Preferred Stock)	☐ No Product	
Debt - Asset Backed	☐ Futures - Comm	•	☐ Options	
☐ Debt - Corporate	☐ Futures - Finance	•	Penny Stock(s)	
☐ Debt - Government	☐ Index Option(s)		☐ Unit Investment Trust(s)	
Debt - Municipal	☐ Insurance		Other	
Other Product Types:				
Describe the allegations relat	a d & a & b !	- Alice /Tr tof No. 1		
Describe the allegations relate	ed to this regulatory a	action. (The information must t	fit within the space provided.):	
Current Status?	ng On Annes	I Final		
Current Status?		I ☐ Final  SRO, Federal or State Court)	and Date Appeal Filed:	

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

IT P	inal of On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10.	How was matter resolved: (check appropriate item)
	☐ Acceptance, Waiver & Consent (AWC)       ☐ Decision & Order of Offer of Settlement       ☐ Settled         ☐ Consent       ☐ Dismissed       ☐ Stipulation and Consent
	☐ Decision ☐ Order ☐ Vacated
11.	Resolution Date (MM/DD/YYYY):   Exact Explanation
	If not exact, provide explanation:
12.	
	A. Were any of the following Sanctions Ordered? (Check all appropriate items):    Monetary/Fine
	B. Other Sanctions Ordered:
	C. Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against applicant or <i>control affiliate</i> , date paid and if any portion of penalty was waived:
13.	Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)
	t